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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 5715

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|-----------------------------|--|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/725,103 | FILING OR 371(c)<br>DATE<br>12/02/2003<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1647 | ATTORNEY<br>DOCKET NO.<br>54074D6 |
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 10/179,373 06/26/2002  
 which is a CIP of 10/035,045 01/03/2002 PAT 7,241,880  
 and is a CIP of 09/897,427 07/03/2001 PAT 6,955,887  
 and is a CIP of 09/799,629 03/07/2001 PAT 7,244,835  
 and claims benefit of 60/300,434 06/26/2001  
 and claims benefit of 60/304,749 07/13/2001  
 and claims benefit of 60/310,493 08/08/2001  
 and claims benefit of 60/331,771 11/21/2001  
 and claims benefit of 60/339,472 12/14/2001  
 and claims benefit of 60/372,090 04/15/2002  
 and claims benefit of 60/374,143 04/22/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/30/2004

|                                 |   |                        |                      |                    |                         |
|---------------------------------|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>15 | TOTAL CLAIMS<br>41 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                        |                      |                    |                         |

## ADDRESS

21967

## TITLE

CELL LINES THAT STABLY OR TRANSIENTLY EXPRESS A FUNCTIONAL SWEET (T1R2/T1R3) TASTE RECEPTOR

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| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of |
|---------------------|--|---|